

## **HEALTH ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

#### **Great Lakes Health Plan, Inc.**

NAIC Group Code	0000	0000 (Prior Period)	NAIC Company	Code9	95467	Employer's ID Number	38-3204052
Organized under the Laws	,	Michigan		, State of D	omicile o	r Port of Entry	Michigan
Country of Domicile		- 5000		, State of B			
Licensed as business type:	Life. Accide	ent & Health [ ]		asualty[]		Service Corporation [ ]	
	•	rice Corporation [ ]	' '			n Maintenance Organization	[X]
		edical & Dental Ser		[ ]		O, Federally Qualified? Yes	
Incorporated	01/1	1/1994	Commen	ced Business		10/11/19	994
Statutory Home Office		17117 W. Nine	Mile Bd		_	Southfield, MI 48	075
Statutory Florite Office		(Street and Nu				(City or Town, State and Z	
Main Administrative Office			171	117 W. Nine N		Suite 1600	
	outhfield, MI 4			(Street a	and Number)	248-559-5656	
, ,	or Town, State and	•			()	Area Code) (Telephone Number)	
Mail Address		7 W. Nine Mile Rd and Number or P.O. Box)		,		Southfield, MI 48075 (City or Town, State and Zip Coo	le)
Primary Location of Books	and Records			17117		Mile Rd, Suite 1600	
	outhfield, MI 4				(Street a	and Number) 248-331-4284	
· ·	or Town, State and	Zip Code)			,	Area Code) (Telephone Number)	
Internet Website Address				www.glhp	o.com		
Statutory Statement Contac	ot	Chris Sche	rer			248-331-4284 (Area Code) (Telephone Number)	(Extension)
CS	scherer@glhp. (E-mail Address					248-559-4640 (FAX Number)	,
Daliaway Dalatiana Cant	`	,				(1700 Hombol)	
Policyowner Relations Cont	act	(Street and	Number)				
(City o	or Town, State and	Zip Code)			(Area C	ode) (Telephone Number) (Extensic	<u></u>
					,		,
Name		Title	OFFICE	ERS	Name		Title
Chris A. Scherer	,	President		Eı	ric Wexle	r ,	Secretary
Robert W. Oberrend	er,	Treasure				,	
Tim Holt		V.P. Information S	OTHER OF		nice Prew	i++ V.D.	Health Services
Dawn Koehler		V.P. Government		Jai	lice Frew	<u></u> , <u>v.r.</u>	Tieaitii Services
		DIRE	CTORS OF	RTRUST	EES		
Deborah M. Chaske G. David Shafer	es	Thelma Dug Adika Nyat		Ernes	st Monfile	tto Jo	panne Jones
G. David Shaler		Aulka Nyai	<u> </u>				
State of	Michigan	 SS					
County of	Oakland						
above, all of the herein describe this statement, together with rel of the condition and affairs of the completed in accordance with the that state rules or regulations re- respectively. Furthermore, the s	ed assets were the ated exhibits, so the said reporting the NAIC Annual equire differences acope of this atternation.	ne absolute property of hedules and explanation entity as of the reporting Statement Instructions in reporting not relate station by the describe	the said reporting ender the said reporting ender the said reporting period stated about and Accounting Practic to accounting practic difficers also include	ntity, free and cl l, annexed or re ove, and of its in ctices and Proce tices and proce des the related of	lear from a ferred to is neome and edures ma dures, acc correspond	raid reporting entity, and that or ny liens or claims thereon, excet a full and true statement of all deductions therefrom for the pure nual except to the extent that: (1 ording to the best of their inform ing electronic filing with the NAI ay be requested by various regulations.	pt as herein stated, and the the assets and liabilities ar eriod ended, and have bee ) state law may differ; or, (; ation, knowledge and belie C, when required, that is a
Chris Sc	herer		Eric We	eyler .		Памл	Koehler
Presid			Secret				overnment Services
Subscribed and sworn to I	pefore me this				b. If n 1. S	his an original filing? o, State the amendment numbo ate filed	Yes [ X ] No [ ]
					3. N	lumber of pages attached	

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonaumilleu	Admitted
0199999 Total individuals						
Group subscribers:						
	NON		·····		<b></b>	
			<b>†</b>			
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299997 Group subscriber subtotal						
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities						
0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	0	n n	0	n n	0	0
0000000 Notident and nearth promitting due and unpaid (1 age 2, Line 12)	0	0	Ů	0	0	Ů

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT 3 - HEALTH CARE RECEIVABLES											
1	2	3	4	5	6	7					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
Individually Listed Receivables: Advance PCS.											
Advance PCS				108,361	108,361						
0199999 -				108,361	108,361						
State of Michigan- Maternity Case Rate.	380,256	85,391		35,234		500,880					
State of Michigan- Maternity Case Rate State iof Michigan- Per Diem/DRG 0499999 -	419,675	341,657		5,699,071							
0499999 -	799,930	427 ,048		5,734,305		6,969,278					
0799999 Gross health care receivables	799,930	427,048	7,995	5,842,666	108,361	6,969,278					

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	Claims				
, 1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) Detroit Medical Center RX America	675,486	(1,726)	12,182	(104)	(1,690)	684 , 148
RX America	1,116,518	( : , : = 0)		( . • . /	(,,000)	1,116,518
	.,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0199999 Individually listed claims unpaid	1,792,004	(1,726)	12,182	(104)	(1,690)	1,800,666
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	. ===	(, ===)		(12.1)	(1.000)	0
0499999 Subtotals	1,792,004	(1,726)	12,182	(104)	(1,690)	1,800,666
0599999 Unreported claims and other claim reserves						18,966,134
0699999 Total amounts withheld						
0799999 Total claims unpaid						20,766,800
0899999 Accrued medical incentive pool and bonus amounts		·				0

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES** 

1	2	3	4	5	6	Adm	itted
'	_		· ·		Ŭ	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:	•						
		NON					
0199999 Individually listed receivables	J0	ł	J0	ł0	μ	J	0
uzaaaa Heceivadies not individually listed	_	_		_		_	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0 !

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
United Healthcare Inc.	Current operating expenses.	12,879,462	12,879,462	
	l		· · · · · · · · · · · · · · · · · · ·	
0199999 Individually listed payables.		12,879,462	12,879,462	0
0299999 Payables not individually listed				
0199999 Individually listed payables. 0299999 Payables not individually listed 0399999 Total gross payables		12,879,462	12,879,462	0

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#### ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Great Lakes Health Plan, Inc.

#### **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

						,
	1 Discont Mardianal	2	3	4	5	6
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a %	Members	as a %	Expenses Paid to	Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	15,703,200	9.6		0.0		15,703,200
2. Intermediaries	0	0.0		0.0		
3. All other providers	14,291,269	8.7		0.0		14,291,269
Total capitation payments	29,994,468	18.2	0	0.0	0	29,994,468
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	134,416,012	81.8	XXX	XXX		134,416,012
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	134,416,012	81.8	XXX	XXX	0	134,416,012
13. TOTAL (Line 4 plus Line 12)	164,410,480	100 %	XXX	XXX	0	164,410,480

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	904 , 205		606,073		134 , 159	163,972
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	904,205	0	606,073	0	134,159	163,972



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc. 2.

NAIO O DE COMPTE CATALO	OF Mishimor					AD 0004				(LOCA	TION)	0	05467
NAIC Group Code 0000 BUSINESS IN THE STATE	OF MICHIGAN	Compre	hensive		DUKING THE YE	RING THE YEAR 2004					NAIC Compar	ny Gode	95467
	1	(Hospital 8		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	96,299								96,299				
2 First Quarter	98,212								98,212				
3 Second Quarter	99,594								99,594				
4. Third Quarter	99,356								99,356				
5. Current Year	107,564								107,564				
6 Current Year Member Months	1,205,712								1,205,712				
Total Member Ambulatory Encounters for Year:													
7. Physician	423 ,757								423,757				
8. Non-Physician	219,157								219,157				
9. Total	642,914	0	0	0	0	0	0	0	642,914	0	0	0	0
10. Hospital Patient Days Incurred	39,655								39,655				
11. Number of Inpatient Admissions	10,175								10,175				
12. Health Premiums Written	210 , 332 , 974								210,332,974				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	210,332,974								210,332,974				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	164,410,480								164,410,480				
18. Amount Incurred for Provision of Health Care Services	164,845,497								164,845,497				

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc.

dicat Earles Floatin	,						· <u></u>			(LOCA	TION)		
NAIC Group Code 0000 BUSINESS IN THE STATE C	F Consolidated			DURING THE YEAR 2004							NAIC Compai	ny Code	95467
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	96,299	0	0	0	0	0	0	0	96,299	0	0	0	
2 First Quarter	98,212	0	0	0	0	0	0	0	98,212	0	0	0	
3 Second Quarter	99,594	0	0	0	0	0	0	0	99,594	0	0	0	
4. Third Quarter	99,356	0	0	0	0	0	0	0	99,356	0	0	0	(
5. Current Year	107,564	0	0	0	0	0	0	0	107,564	0	0	0	(
6 Current Year Member Months	1,205,712	0	0	0	0	0	0	0	1,205,712	0	0	0	
Total Member Ambulatory Encounters for Year:													
7. Physician	423,757	0	0	0	0	0	0	0	423,757	0	0	0	
8. Non-Physician	219,157	0	0	0	0	0	0	0	219,157	0	0	0	(
9. Total	642,914	0	0	0	0	0	0	0	642,914	0	0	0	(
10. Hospital Patient Days Incurred	39,655	0	0	0	0	0	0	0	39,655	0	0	0	
11. Number of Inpatient Admissions	10,175	0	0	0	0	0	0	0	10,175	0	0	0	(
12. Health Premiums Written	210,332,974	0	0	0	0	0	0	0	210,332,974	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	210,332,974	0	0	0	0	0	0	0	210,332,974	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	164,410,480	0	0	0	0	0	0	0	164,410,480	0	0	0	
18. Amount Incurred for Provision of Health Care Services	164,845,497	0	0	0	0	0	0	0	164,845,497	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0

#### **SCHEDULE A - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	572,544
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(298,534)
	2.1 Totals, Part 1, Column 11	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 9	0
5.	4.2 Totals, Part 3, Column 9  Total profit (loss) on sales, Part 3, Column 14	0
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	274,010
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	274,010
	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	150,705

## **SCHEDULE B - VERIFICATION BETWEEN YEARS**

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

#### **SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2. Line 7. Column 3)

#### **SCHEDULE D - PART 1A - SECTION 1**

				JEDULE I			_				
1	1	Quality and Maturi	ty Distribution of All Be	onds Owned Decembe	er 31, at Book/Adjuste 5	d Carrying Values by N I 6	Major Types of Issues a	and NAIC Designations	<b>s</b> 9	10	11
	ļ		Over 5 Years Through	Over 10 Years	5	0	Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D & I				<b> </b>							(/
1.1 Class 1	` ' '					0	0.0	0	0.0		
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
2. All Other Governments, Schedules	D & DA (Group 2)		•	<u> </u>	-	-		-		•	
2.1 Class 1	(sssp _/					0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						n	0.0	n	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
3. States, Territories and Possessions			U	U	0	0	0.0	0	0.0	Ŭ	· ·
3.1 Class 1	s ctc., additanteca, o	Circuates B & BA (Grou	.5 0,			0	0.0	0	0.0		
3.2 Class 2						n	0.0	 0	0.0		
3.3 Class 3						n	0.0		0.0		
3.4 Class 4						Λ	0.0	Ω	0.0		
3.5 Class 5			• • • • • • • • • • • • • • • • • • • •			n	0.0	 0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	n	0	n	n	0	0	0.0	0	0.0	Λ	+
4. Political Subdivisions of States, Ter	rritarias and Dassass	·	undulas D. S. DA (Graun	4)	U	U	0.0	U	0.0	U	<del> </del>
4.1 Class 1	THORIES and Possess	T Guaranteeu, Sch	I a DA (Group	4)		0	0.0	0	0.0		
4.1 Class 1						U	0.0		0.0		
4.3 Class 3						u	0.0	ν	0.0		
4.4 Class 4			<b>†</b>			0	0.0		0.0		
4.5 Class 5							0.0		0.0		
			†				0.0	 n	0.0		
4.6 Class 6	^	0	0	^	0	0	0.0	0	0.0	0	<del> </del>
4.7 Totals	0	·	U U	0	0	U	0.0	U	0.0	0	
5. Special Revenue & Special Assessi	ment Obligations etc.	., Non-Guaranteed, Sch	ieauies D & DA (Group	ວ)	-	_	0.0	2	0.0		
5.1 Class 1						D	0.0	0	0.0		
5.2 Class 2						L	0.0	0	0.0		
5.3 Class 3		-	ł			0	0.0	0	0.0		
5.4 Class 4						D	0.0	0	0.0		
5.5 Class 5			ł				0.0	D	0.0		
5.6 Class 6	_				_	0	0.0	0	0.0		<b></b>
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

9.7 Totals

#### ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Great Lakes Health Plan, Inc.

## SCHEDULE D - PART 1A - SECTION 1 (continued)

			SCHEDUL								
		Quality and Matur	ity Distribution of All Be	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by N	lajor Types of Issues	and NAIC Designations			
	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Vaar ar Laas	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Place
6. Public Utilities (Unaffiliated), Sched			TO Years	Through 20 Years	Over 20 Years	Total Current Year	% OI LINE 10.7	Prior Year	Prior Year	rraded	(a)
6.1 Class 1	I a DA (Group i	o) 				0	0.0	0	0.0		
6.2 Class 2							0.0		0.0		
		-				U	0.0		0.0		
6.3 Class 3							0.0	U	0.0		
6.4 Class 4						U	0.0		0.0		
6.5 Class 5						U		U			
6.6 Class 6			0		^	0	0.0	0	0.0	0	
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffili		DA (Group 7)									
7.1 Class 1	68,068,454					68 , 068 , 454	100.0	1,000,000	100.0	68,068,454	
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	68,068,454	0	0	0	0	68,068,454	100.0	1,000,000	100.0	68,068,454	
8. Credit Tenant Loans, Schedules D	& DA (Group 8)		•								
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Froup 9)		Ů		Ů	0.10	•	0.0		
9.1 Class 1	00::000::000					0	0.0	0	0.0		
9.2 Class 2				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	n	0.0	n	0.0	• • • • • • • • • • • • • • • • • • • •	
9.3 Class 3		<u> </u>				0	0.0	Ω	0.0		
9.4 Class 4						n	0.0	Ω	0.0		
9.5 Class 5.						n	0.0	 N	0.0		
9.6 Class 6		†	<b>†</b>			1	0.0		0.0		<b>†</b>
9.0 Class 6		1	<b>—</b>			0	0.0	0	0.0		

## **SCHEDULE D - PART 1A - SECTION 1 (continued)**

		Quality and Matur	ity Distribution of All B	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by N	lajor Types of Issues	and NAIC Designation			
	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
10. Total Bonds Current Year											
10.1 Class 1	68,068,454	0	0	0	0	68,068,454	100.0	ХХХ	ХХХ		0
10.2 Class 2	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
10.5 Class 5	0	0	0	0	0	(c)0	0.0	XXX	ХХХ	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	68,068,454	0	0	0	0	(b)68,068,454	100.0	XXX	XXX	68,068,454	0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year		•	•								
11.1 Class 1	1,000,000	0	0	0	0	XXX	XXX	1,000,000	100.0	1,000,000	0
11.2 Class 2	0	0	0	0	0	ХХХ	XXX	1 0	0.0	0	0
11.3 Class 3	0	0	0	0	0	ХХХ	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	1,000,000	0	0	0	0	XXX	XXX	.(b)1,000,000	100.0	1,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	68,068,454						100.0	1,000,000	100.0	68,068,454	XXX
12.2 Class 2						0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	68, 068, 454	0	0	0	0	68,068,454	100.0	1,000,000	100.0	68,068,454	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7,											
Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds		•									
13.1 Class 1						0	0.0	0	0.0	XXX	0
13.2 Class 2						0	0.0	0	0.0	XXX	0
13.3 Class 3						0	0.0	0	0.0	XXX	0
13.4 Class 4						0	0.0	0	0.0	XXX	0
13.5 Class 5						0	0.0	0	0.0	XXX	0
13.6 Class 6						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7,											
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
Jul. 0, Dection 10		0.0	0.0	0.0	0.0	0.0	AAA	AAA	AAA	AAA	U

<sup>(</sup>a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

## **SCHEDULE D - PART 1A - SECTION 2**

	Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
	1	2	3	4	5	6	7	8	9	10	11		
		Over 1 Year	Over 5 Years	Over 10 Years			Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privatel		
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed		
1. U.S. Governments, Schedules D & DA (Group 1)													
1.1 Issuer Obligations						٥	0.0	0	0.0				
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0				
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0			
2. All Other Governments. Schedules D & DA (Group 2)	· ·	·	·	Ů	·	·	0.0	Ů	0.0				
2.1 Issuer Obligations						0	0.0	0	0.0				
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										••••••			
2.3 Defined						0	0.0	0	0.0				
2.4 Other						0	0.0	0	0.0	•••••			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-						1							
BACKED SECURITIES													
2.5 Defined						0	0.0	0	0.0				
2.6 Other					•••••	n	0.0	n	0.0				
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	۸			
2.7 Totals 3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	U	U	U	U	U	U	0.0	U	0.0	U			
		I				0	0.0	0	0.0				
3.1 Issuer Obligations						L	0.0		0.0				
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						L		D	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined						0	0.0	0	0.0				
3.4 Other			<b>+</b>			L	0.0		0.0				
						L							
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-													
BACKED SECURITIES									2.2				
3.5 Defined						<u> </u>	0.0	Ω	0.0				
3.6 Other						0	0.0	0	0.0				
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0			
4. Political Subdivisions of States. Territories and Possessions. Guaranteed. Sched	dules D & DA (Group 4)												
4.1 Issuer Obligations						0	0.0	0	0.0				
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES													
4.3 Defined						Ω0	0.0	0	0.0				
4.4 Other						0	0.0	0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-													
BACKED SECURITIES													
4.5 Defined						0	0.0	0	0.0				
4.6 Other						0	0.0	0	0.0				
4.7 Totals	n	Λ	n	n	Λ	n	0.0	n	0.0	Λ			
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	dules D & DA (Group 5)	0		0	0	•	0.0	0	0.0	U			
5.1 Issuer Obligations	raies n a nw (allomb 2)					n	0.0	n	0.0				
5.2 Single Class Mortgage-Backed/Asset-Backed Securities			<b>1</b>			n	0.0	n	0.0				
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						1							
5.3 Defined			ĺ			n	0.0	n	0.0		ĺ		
5.4 Other			İ			n	0.0	n	0.0		<b></b>		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-	<u> </u>		<b>†</b>			<b>1</b>		ν			İ		
BACKED SECURITIES													
5.5 Defined			ĺ			^	0.0	^	0.0		ĺ		
			<del> </del>			ļ	0.0	J	0.0 0.0				
5.6 Other			_	_		0		0					
5.7 Totals	. 0			0	0	. 0	0.0		0.0	0			

## SCHEDULE D - PART 1A - SECTION 2 (continued)

		Maturity Distribution	of All Bonds Owned	December 31, at Book	Adjusted Carrying Va	lues by Major Type ar	nd Subtype of Iss	ues			
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA	(Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedu	iles D & DA (Group 7)	1	-	-				<u> </u>	7.0	·	
7.1 Issuer Obligations						68,068,454	100.0	1,000,000	100.0	68,068,454	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES								-			
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	68,068,454	0	0	0	0	68,068,454	100.0	1,000,000	100.0	68,068,454	
8. Credit Tenant Loans, Schedules D & DA (Group		1	-		-	,,		, ,			
8.1 Issuer Obligations	1					0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D	) & DA (Group 9)	1	-	-				<u> </u>	7.0	·	
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other	-					0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

13.8 Line 13.7 as a % of Col. 6.

13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10

#### ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Great Lakes Health Plan. Inc.

## SCHEDULE D - PART 1A - SECTION 2 (continued)

Over 5 Years Total From Col. 6 6 From Col. 7 Over 1 Year Over 10 Years Total Col. 6 as a % Total Publicly Total Privately hrough 10 Years Through 20 Years Over 20 Years Prior Year Distribution by Type 1 Year or Less Through 5 Years Current Year of Line 10.7 Prior Year Traded Placed 10. Total Bonds Current Year ..68,068,454 ..68,068,454 .100.0 ..68,068,454 10.1 Issuer Obligations ...0..0 .XXX. XXX. 10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES XXX. ..0.0 10.3 Defined 10.4 Other 0.0 XXX XXX MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX XXX 0.0. 10.5 Defined XXX XXX 10.6 Other 0 0.0 .68,068,454 10.7 Totals 68.068.454 .68,068,454 .100.0 XXX XXX 10.8 Line 10.7 as a % of Col. 6 100. 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year .1.000.000 XXX. .1.000.000 .100.0 1.000.000 11.1 Issuer Obligations XXX. 11.2 Single Class Mortgage-Backed/Asset-Backed Securities XXX ..0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES XXX. 11.3 Defined XXX. .0.0 XXX. XXX. ...0..0 11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 11.5 Defined XXX XXX 0.0 XXX XXX 0 0 11.6 Other 11.7 Totals 1.000.000 XXX XXX 1.000.000 .100.0 1.000.000 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 0.0 11.8 Line 11.7 as a % of Col. 8 100.0 100.0 12. Total Publicly Traded Bonds ..68.068.454 .100.0 .100.0 12.1 Issuer Obligations ..68.068.454 .1.000.000 .68.068.454 .XXX. 12.2 Single Class Mortgage-Backed/Asset-Backed Securities .0.0 ..XXX. ...0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 12.3 Defined .0.0 ..0.0 ..XXX. .0.0 ..0.0 ..XXX. 12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX. 12.5 Defined .0.0 0.0 0.0 12.6 Other XXX 100.0 1,000,000 .100.0 .68.068.454 .68.068.454 .68.068.454 XXX 12.7 Totals 0.0 0.0 0.0 100.0 12.8 Line 12.7 as a % of Col. 6. 100.0 .0.0 XXX XXX XXX 100.0 XXX 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 13. Total Privately Placed Bonds 0.0 0.0 13.1 Issuer Obligations 13.2 Single Class Mortgage-Backed/Asset-Backed Securities .0.0 0 0 XXX MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .0.0 13.3 Defined 0.0 XXX .0.0 ..0.0 XXX. 13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES .0.0 0.0 XXX 13.5 Defined 0.0 XXX 13.6 Other 0.0 13.7 Totals .0.0 XXX

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## **SCHEDULE DA - PART 2**

Verilication of Short-Term INVESTI	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	10,173,783	10 , 173 , 783	0	0	0
Cost of short-term investments acquired	386,014,571	386,014,571			
3. Increase (decrease) by adjustment	(31,125)	(31, 125)			
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
Consideration received on disposal of short-term investments	329,088,775	329,088,775			
7. Book/adjusted carrying value, current year	67,068,454	67,068,454	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	67,068,454	67,068,454	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	67,068,454	67,068,454	0	0	0
12. Income collected during year	460 , 718	460,718			
13. Income earned during year	460,718	460,718			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

## **SCHEDULE S - PART 2**

	Reins	urance Recoverat	ole on Paid and Unpaid Losses Listed by Re 4	insuring Company as of December 31, Curr	ent year	_
1 NAIC	2	3	4	5	6	7
Company	Federal ID					
Code	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
0199999 - Life	Number e and Annuity Aff als - Life and An	iliates			0	
0399999 - Tota	als - Life and Ani	nuity			0	
21970		10/01/2003	One Beacon Ins Company		79,261	
0499999 - Acc	ident and Health	Affiliates	опо всасон тто отпрану		79,261	
0699999 - Tota	als - Accident and	d Health			79,261	
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0799999 - To	otals	•			79,261	
3,00000 10					10,201	l

## **SCHEDULE S - PART 3 - SECTION 2**

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13	
NAIC								Reserve Credit	10	11	Modified	1	
	Federal ID						Unearned Premiums	Taken Other than for	-		Coinsurance	Funds Withheld	
Company Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year		Under Coinsurance	
21970		10/01/2003	OneBeacon Insurance Company		SSL/A	668,151	(communica)						
21970		10/01/2004	OneBeacon Insurance Company OneBeacon Insurnace Company	Boston, MA	SSL/A	131,011							
0199999 -	- Total Affiliate	S		•		799,162							
		• • • • • • • • • • • • • • • • • • • •											
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0399999	Totals					799,162	1			1		1	

## **SCHEDULE S - PART 4**

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
	· · · · · · · · · · · · · · · · · · ·						NE						
	· · · · · · · · · · · · · · · · · · ·												•
	· · · · · · · · · · · · · · · · · · ·												
													•
1199999	Totals												

# Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		(000 C	millea)			
		1 2004	2 2003	3 2002	4 2001	5 2000
A. OPERATIONS ITEMS						
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	799	1,246	996	757	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	1,859
8.	Reinsurance recoverable on paid losses	79	85	227	57	440
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
<b>C</b> . l	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

## **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	nestatement of Balance Sheet to Identity Net C	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	65,811,811		65,811,811
2.	Accident and health premiums due and unpaid (Line 12)	0		0
3.	Amounts recoverable from reinsurers (Line 13.1)	79,261		79,261
4.	Net credit for ceded reinsurance	xxx	79,261	79,261
5.	All other admitted assets (Balance)	9,358,812		9,358,812
6.	Total assets (Line 26)	75,249,884	79,261	75,329,146
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	20,766,800	0	20 , 766 , 800
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	14,454,615		14,454,615
12.	Total liabilities (Line 22)	35,221,415	0	35,221,415
13.	Total capital and surplus (Line 30)	40,028,470	XXX	40,028,470
14.	Total liabilities, capital and surplus (Line 31)	75,249,885	0	75,249,885
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	79 , 261		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	79,261		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets			
24.	Total ceded reinsurance payable/offsets			
25.	Total net credit for ceded reinsurance	79,261		

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## SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts(20,076,782)20,076,782	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Great Lakes Health Plan. United HealthCare.					20,076,782)				(20,076,782) 20,076,782	
		John Lea Choare					20,070,762			•	20,070,762	
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9999999 C	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

1.	1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?					[ X ]	
2.	2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?				NO [	[ ]	
3.	3. Will an actuarial certification be filed by March 1?				NO [	[ ]	
4.	4. Will the Risk-based Capital Report be filed with the NAIC by March 1?				NO [	[ ]	
5.	5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?					[ ]	
6.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	YES	[	]	NO [	X ]	
7.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	YES	[	]	NO [	X ]	
	APRIL FILING						
8.	Will Management's Discussion and Analysis be filed by April 1?	YES	[ X	]	NO [	[ ]	
9.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	YES	[	]	NO [	[ X ]	
10.	Will the Investment Risks Interrogatories be filed by April 1?	YES	[ X	]	NO [	[ ]	
	JUNE FILING						
11.	Will an audited financial report be filed by June 1 with the state of domicile?	YES	[ X	]	NO [	[ ]	
XPL	ANATIONS:						

6

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#### BAR CODE:









## **OVERFLOW PAGE FOR WRITE-INS**